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			Application Number	09/440,106	
TRANSMITTAL FORM		Filing Date	November 15, 1999		
		Confirmation Number	2546		
(to be used fo	or all correspondence after in	sitial films	First Named Inventor	TAYLOR, CHARLES S.	
	and a service portained after in	iluai iliirigj	Group Art Unit	3736	
			Examiner Name	NASSER, ROBERT L.	
Total Numb	er of Pages in This Submiss		Attorney Docket Number	GUID-003DIV2	
		ENCLOSUR	ES (check all that apply)		
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Firm or Individual Name Signature	ALAN W. CANNON.		ALLONNET, UR	AGENI	
	1/22	Car.	~		
Date	May 21, 2003				
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hereby certify that this ddressed to: Commiss	correspondence is being sioner for Patents, P.O.	a donosita di ili ili		ce as first class mail in an envelope	
yped or printed hame	Maria J. Sousa		2, 77, 22013-1450 On INIS O	ate May 12, 2003	
ignature	Manie			Date May 21, 2003	

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POWER OF ATTORNEY BY ASSIGNEE



Attorney Docket	GUID-003DIV2	
First Named Inventor	Taylor, Charles S.	
Application Number	09/440,106	J.
Confirmation Number	2546	111
Filing Date	November 15, 1999	71/
Examiner Name	Robert Nasser	,
		····

Title: Surgical Devices for Imposing a Negative Pressure to Stabilize Cardiac Tissue During Surgery

<u>Cardiothoracic Systems, Inc.</u>, assignee of the above-identified application by assignment dated June 3, 1997, hereby revoke all previous powers and appoint:

Name	Registration No.	Name	Registration No.
Alan W. Cannon	34,977		
Ronald D. Devore	39,958		RECEIVED
			JUN 0 2 2002
			TECHNOLOGY CENTER R3700
			SENTER RU700
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'as its attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

DIRECT ALL CORRESPONDENCE TO:

Individual Name	Alan W. Cannon, Reg. No. 34,977		
Firm Name	LAW OFFICE OF ALAN W. CANNON		
Address	834 South Wolfe Road		
City, State, Zip	Sunnyvale, California 94086		
Country	U.S.A.		
Telephone	(408) 736-3554	Facsimile	(408) 736-3564

SIGNATURE of Assignee of Record

In accordance with 37 CFR §3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignment was recorded with the U.S. Patent Office on **June 6, 1997 at Reel 8602, Frame 0377** for the parent application Serial No. 08/870,681, and a copy is being submitted herewith for recordation in the U.S. Patent Office with regard to the present application.

I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code §1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.

Name and Company	Ronald D. Devore; Cardiothoracic Systems, Inc.		
Title	Assistant Secretary		
Signature	Honald N. New	Date	Murch 4, 2003

F:\DOCUMENT\GUID\003DIV2\power of attorney-AWC.wpd



REVOCATION OF POWER OF ATTORNEY OR AUXHORIZATION OF AGENT



Attorney Docket	GUID-003DIV2
First Named Inventor	Taylor, Charles S.
Application Number	09/440,106
Confirmation Number	2546
Filing Date	November 15, 1999
Art Unit	3736
Examiner Name	Robert Nasser
Title	Surgical Devices for Imposing a Negative Pressure to Stabilize Cardiac Tissue During Surgery

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

X A Power of Attorney or Authorization of Agent is submitted herewith.

AND

X Please change the correspondence address for the above-identified application to:

Alan W. Cannon	RECEIVED		
Law Office of Alan W. Cannon	JUN 0 2 2003		
834 South Wolfe Road	TECHNOLOGY CENTER R3700		
Sunnyvale, California 94086			
U.S.A.			
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	Law Office of Alan W. Cannon 834 South Wolfe Road Sunnyvale, California 94086 U.S.A.	Law Office of Alan W. Cannon 834 South Wolfe Road Sunnyvale, California 94086 U.S.A.	

I am the:

Applicant; or

X Assignee of record of the entire interest

(Certificate under 37 CFR 3.73(b) is enclosed.)

SIGNATURE of	Applicant or	Assignee	of Record
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Name Ronald D. Devore Signature Date

F:\DOCUMENT\GUID\003DIV2\revocation of power of attorney-AWC.wpd